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	P	ATENT AP	PLICATI			ION RECOR	of information	unless it dis	splays a valid ON	18 control numb	
Substitute for Form PTO-875								170	Application or Docket Number		
		CLAIM:		D - PART I					OTU	150 71111	
1	(Column 1) (Column 2)						LL ENTITY	OR	SMAI	IER THAN LL ENTITY	
B	FOR NUMBER FILED BASIC FEE			D N	UMBER EXTRA	RATE	FEE	7		T	
(3	7 CFR 1.16(a))							-	RATE	FEE	
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IN (3	DEPENDENT CO	LAIMS	minus 3 =				-	OR	x s=		
М	MILL TIDLE DESCRIPTION						-	OR	x s=		
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* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL		
		CLAIMS AS	AMENDE	D – PART II							
		(Column 1)	(Column :	2) (Caluma 2)				OTUE	R THAN	
AMENDMENT A	CLAIMS			HIGHEST		T SMAL	L ENTITY	OR	SMALL	ENTITY	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+\$ =	1	7		00	
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AMENDMENT B		CLAIMS	T	(Column 2 HIGHEST) (Column 3)	1		_			
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J		(Column 1) CLAIMS		(Column 2)	(Column 3)				_		
Ξħ	i	REMAINING AFTER		HIGHEST NUMBER	PRESENT	RATE	ADDI-	·			
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	Total (37 CFR 1.16(c))	•	Minus	**	=	\	FEE			FEE	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	× \$=	 	OR	× \$=		
ŧΓ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					x s=		OR	x s=		
			DEFERIDE	CLAIM (37 CI	+ 5 =			+ \$=			
•	f the entry in co	lumn 1 is less th	an the enter	in colum = 2 : "	TOTAL ADD'L FEE		OR .	TOTAL ADD'L FEE			
*** [the Highest N	umber Previous	y Paid For	N THIS SPACE	is less than 20, e	nter "20".					
	he "Highest Nu	mber Previously	Paid For" (T	N THIS SPACE otal or Independ	is less than 20, ed is less than 3, ent ent) is the highest	er "3". I number found in 1					

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